

Ph.D. Program Form

(Fill in with Pencil)

Name: _____ Division: _____

Degrees held:

B.S./B.A. (circle one) in _____

Year: _____ University: _____

M.S. in: _____

Year: _____ University: _____

Guiding Committee (Chair (PI) + 2 members):

Chair (PI): _____

Member 1: _____

Member 2: _____

Dates of Program Review and Approval (Initial and Date)

These boxes are to be filled out each semester through the completion of the oral exam and advancement to candidacy.

	F 1 st yr	S 1 st yr	F 2 nd yr	S 2 nd yr	F 3 rd yr	S 3 rd yr
Graduate Advisor Initials						

ESPM 201 Series (semester/year completed):

201A: _____ 201S: _____ 201C: _____

Breadth Requirement (one course required): _____

Research Methods Competency: _____

Area Specialization: _____

(Signature required after requirements above have been completed)

Approved by: _____

(Graduate Advisor Signature)

(Date)

Proposed Course Schedule

Fall, year:	Units	Spring, year:	Units
Course		Course	
Total		Total	

Fall, year:	Units	Spring, year:	Units
Course		Course	
Total		Total	

Fall, year:	Units	Spring, year:	Units
Course		Course	
Total		Total	

Orals Qualifying Examination Committee (Chair + 3 members)

Orals Chair: _____

Member 2: _____

Member 3: _____

Member 4 (Outside): _____

Date of Qualifying Exam: _____

Advancement to Doctoral Candidacy Date: _____

Proposed Funding Schedule

Semester	Funding Source
Fall, 1 st Year	
Spring, 1 st Year	
Fall, 2 nd Year	
Spring, 2 nd Year	
Fall, 3 rd Year	
Spring, 3 rd Year	
Fall, 4 th Year	
Spring, 4 th Year	